

**NC DIVISION MH/DD/SAS
2009 MEDICAID SERVICES AUDIT
DIAGNOSTIC ASSESSMENT**

PROVIDER NAME:			AUDIT DATE:	
PROVIDER #:			NAME:	
CONTROL #:			SERVICE TYPE:	
MEDICAID #:			PROCEDURE CODE:	
DOB/AGE:			SERVICE DATE:	
RECORD #:			UNITS PAID:	
RATING CODES:	0 = No 4 = Yes 2 = Partially met	6 = No Diagnostic assessment 7 = Unable to identify service provider	8 = Repaid 9 = NA	RATING
DOCUMENTATION: Within the DA, are the following elements included: (Use Rating of 4, 2, or 0 See Guidelines)				
1. a chronological general health and behavioral health history emphasizing factors that have contributed to or inhibited previous recovery efforts				
2. strengths and weaknesses are identified in the biological, psychological, familial, social, developmental and environmental dimensions				
3. a description of the presenting problems				
4. strengths/problem summary which addresses risk of harm, functional status, co-morbidity, recovery environment and treatment and recovery history				
5. diagnosis on each of the five (5) axis of DSM-IVR				
6. evidence the DA team reviewed and discussed the assessment				
7. a recommendation regarding target population eligibility				
8. evidence of the recipient participation including families, or when applicable, guardians or other caregivers				
QUALIFICATIONS/SUPERVISION/RECORD CHECKS: (Use rating of "4" or "0" for Q 9-12)				
9. Is one of the qualified (demonstrates knowledge, skills and abilities) team members a professional whose licensure or certification authorizes the practitioner to diagnose mental illnesses and/or addictive disorders?				
10. Is one of the qualified (demonstrates knowledge, skills and abilities) team member an MD, DO, Nurse Practitioner, Physician Assistant or Licensed Psychologist?				
11. a. Did the provider agency require disclosure of any criminal conviction by the staff person(s) who provided this service? b. If NOT MET, list dates: FROM: _____ TO: _____				
COMMENTS:				
AUDITOR:			LME:	